## EXHIBIT 1

U.S. Serial No. 10/797,371 Copy of transmittal sheet



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| DOCKET NUMBER | ANTICIPATED CLASSIFICATION OF THIS APPLICATION: |          | PRIOR APPLICATION |          |
|---------------|-------------------------------------------------|----------|-------------------|----------|
|               | CLASS                                           | SUBCLASS | EXAMINER          | ART UNIT |
| 30448.77USD1  | Unknown                                         | Unknown  | Irem Yucel, Ph.D. | 1636     |

CERTIFICATE UNDER 37 CFR 1.10:

"Express Mail" mailing label number: ER 507527197 US

Date of Deposit: March 9, 2004

I hereby certify that this paper or fee is being deposited with the U.S. Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Mail Stop PATENT APPLICATION, Commissioner for Patents, P.O. Box 1450,

Alexandria, VA 22313-1450 on March 9, 2004.

Name: Tracy Tru

## **DIVISIONAL APPLICATION UNDER 37 C.F.R. § 1.53(b)**

Mail Stop PATENT APPLICATION Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Dear Sir:

This is a request for filing a divisional application under 37 CFR § 1.53(b) of Serial No. 09/936,665, filed on September 10, 2001 entitled ADIPOSE-DERIVED STEM CELLS AND LATTICES by the following inventor(s):

| Full Name                  | Family Name                     | First Given Name         | Second Given Name        |  |
|----------------------------|---------------------------------|--------------------------|--------------------------|--|
| Of Inventor                | Katz                            | Adam                     | J.                       |  |
| Residence<br>& Citizenship | City                            | State or Foreign Country | Country of Citizenship   |  |
|                            | Charlottesville                 | Virginia                 | USA                      |  |
| Post Office                | Post Office Address             | City                     | State & Zip Code/Country |  |
| Address                    | 503 Broadleaf Way               | Charlottesville          | Virginia, 22911/USA      |  |
| Full Name<br>Of Inventor   | Family Name                     | First Given Name         | Second Given Name        |  |
|                            | Llull                           | Ramon                    |                          |  |
| Residence                  | City                            | State or Foreign Country | Country of Citizenship   |  |
| & Citizenship              | Mallorca, Balearic Isles        | Spain                    | Spain                    |  |
| Post Office                | Post Office Address             | City                     | State & Zip Code/Country |  |
| Address                    | Placa Hostels, 10-A Santa Maria | Mallorca, Balearic Isles | 07320/ Spain             |  |
| Full Name<br>Of Inventor   | Family Name                     | First Given Name         | Second Given Name        |  |
|                            | Futrell                         | J. William               |                          |  |
| Residence                  | City                            | State or Foreign Country | Country of Citizenship   |  |
| & Citizenship              | Pittsburgh                      | Pennsylvania             | USA                      |  |
| Post Office<br>Address     | Post Office Address             | City                     | State & Zip Code/Country |  |
|                            | 1 Sweetwater Lane               | Pittsburgh               | Pennsylvania, 15238/ USA |  |

| Full Name<br>Of Inventor   | Family Name         | First Given Name         | Second Given Name        |  |
|----------------------------|---------------------|--------------------------|--------------------------|--|
|                            | Hedrick Marc        |                          | H.                       |  |
| Residence<br>& Citizenship | City                | State or Foreign Country | Country of Citizenship   |  |
|                            | Encinitas           | California               | USA                      |  |
| Post Office<br>Address     | Post Office Address | City                     | State & Zip Code/Country |  |
|                            | 2345 Jennifer Lane  | Encinitas                | California, 92024/USA    |  |

| Full Name                                                     | Family Name                                        | First Given Name                    | Second Given Name                              |
|---------------------------------------------------------------|----------------------------------------------------|-------------------------------------|------------------------------------------------|
| Of Inventor                                                   | Benhaim                                            | Prosper                             |                                                |
| Residence<br>& Citizenship                                    | City<br>Encino                                     | State or Foreign Country California | Country of Citizenship USA                     |
| Post Office Post Office Address Address 17018 Hartsook Street |                                                    | City<br>Encino                      | State & Zip Code/Country California, 91316/USA |
| Full Name                                                     | Family Name                                        | First Given Name                    | Second Given Name                              |
| Of Inventor                                                   | Lorenz                                             | Hermann                             | Peter                                          |
| Residence                                                     | City                                               | State or Foreign Country            | Country of Citizenship                         |
| & Citizenship                                                 | Belmont                                            | California                          | US                                             |
| Post Office                                                   | Post Office Address                                | City                                | State & Zip Code/Country                       |
| Address                                                       | 2634 Belmont Canyon Road                           | Belmont                             | California 94002/USA                           |
| Full Name                                                     | Family Name                                        | First Given Name                    | Second Given Name                              |
| Of Inventor                                                   | Zhu                                                | Min                                 |                                                |
| Residence<br>& Citizenship                                    | City<br>San Diego                                  | State or Foreign Country California | Country of Citizenship China                   |
| Post Office<br>Address                                        | Post Office Address 15054 Avenida Montuosa, Apt. E | City<br>San Diego                   | State & Zip Code/Country California, 92129/USA |

- Enclosed is a true and correct copy of the prior application; including the specification I and II, claims, drawings, oath or declaration showing the applicant's signature, and any amendments referred to in the oath or declaration filed to complete the prior application. (It is noted that no amendments referred to in the oath or declaration filed to complete the prior application introduced new matter therein.) The copy of the prior application is as follows:

  Specification I: 23 pages of specification, 6 pages of 79 claims, and 1 page of abstract; Specification II:

  Published International Application No. WO00/53795(31 pgs), Copy of the Amended Claims Filed in response to the Written Opinion. (4 pgs.), An Oath or Declaration of the Inventors (7 pgs.), Copy of the International Search Report (8 pgs.), A Preliminary Amendment (2 pgs.), PCT Written Opinion dated April 19, 2001. (7 pgs) and Response to Written Opinion dated May 18, 2001. (10 pgs).
- 2. Cancel in this application original claims 2, 14-35, 66-72, 75, 76, 80-131 of the prior application before calculating the filing fee. (At least one original independent claim must be retained for filing purposes.)

 $\boxtimes$ The filing fee is calculated below: 3.

 $\boxtimes$ 

10.

## **CLAIMS AS FILED**

| NUM         | BER FILEI   | )                                                                                                                                                                                                | NUMBER EXTRA                                         |                                                  | RATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | FEE                                     |
|-------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| TOT A       | AL CLAIM    | S: -20                                                                                                                                                                                           | 71                                                   | x                                                | \$9.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$639.00                                |
| <del></del> |             |                                                                                                                                                                                                  |                                                      |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |
|             | PENDENT     | CLAIMS<br>-3                                                                                                                                                                                     | 4                                                    | x                                                | \$43.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$172.00                                |
| 7           |             |                                                                                                                                                                                                  |                                                      |                                                  | BASIC FILING FEE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$385.00                                |
|             |             |                                                                                                                                                                                                  |                                                      | <del>                                     </del> | MULTIPLE DEPENDENT CLAIM FEE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$145.00                                |
|             |             |                                                                                                                                                                                                  |                                                      |                                                  | TOTAL FILING FEE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$1341.00                               |
| <u> </u>    |             | ☐ A Verified S                                                                                                                                                                                   | tatement that this filing is                         | by a sn                                          | nall entity is already filed in the prior app                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | lication.                               |
|             |             | A Verified S                                                                                                                                                                                     | tatement that this filing is                         | by a sn                                          | nall entity is attached.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         |
| 4.          | ⊠<br>·      | Payment of fees:                                                                                                                                                                                 |                                                      |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |
| 5.          | $\boxtimes$ | The Commissioner is hereby authorized to charge any additional fees as set forth in 37 CFR §§ 1.16 to 1.18 which may be required by this paper or credit any overpayment to Account No. 50-0306. |                                                      |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |
| 6.          | $\boxtimes$ | Amend the specification by replacing the first full paragraph with:                                                                                                                              |                                                      |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |
|             |             | is a 35 U.S.C                                                                                                                                                                                    | C. §371 of PCT Application  S. Serial No. 60/123.711 | on No. I<br>I filed N                            | TU.S. Serial No. 09/936,665 filed Septen<br>PCT/US00/06232 filed March 10, 2000, warch 10, 1999 and U.S. Serial No. 60/16<br>Proporated by reference into the present appropriate the present appropriate of the present appropriate | which claims the<br>52,462 filed Octobe |
| 7.          |             | A set of formal draw                                                                                                                                                                             | ngs ( sheets) is enc                                 | losed.                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |
| 8.          |             | Priority of application                                                                                                                                                                          | n Serial No, filed                                   | on                                               | in, is claimed under 35 U.S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | C. 119.                                 |
|             |             | The certified copy ha                                                                                                                                                                            | s been filed in prior appli                          | cation S                                         | erial No, filed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |
| 9.          | $\boxtimes$ | The prior application is assigned of record to University of Pittsburgh of the Commonwealth System of Higher                                                                                     |                                                      |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |

Mandel & Adriano 55 South Lake Avenue, Suite 710 Pasadena, California 91101

Education and The Regents of the University of California.

The Power of Attorney in the prior application is to:

| 11. | ×           |                                                                                                                                                                                                | Claims added by this amendment have been properly numbered r next following the highest numbered original claim in the prior |  |  |  |
|-----|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--|--|--|
|     | $\boxtimes$ | Fee for excess claims is attached.                                                                                                                                                             |                                                                                                                              |  |  |  |
| 12. |             | A petition and fee has been filed to extend the term in the prior application until A copy of the petition extension of time in the prior application is attached.                             |                                                                                                                              |  |  |  |
| 13. |             | The inventor(s) in this application are less than those named in the prior application and it is requested that the following inventors identified above for the prior application be deleted: |                                                                                                                              |  |  |  |
| 14. |             | Also Enclosed: Utility Patent Transmittal Sheet (2 pages) and Fee Transmittal Sheet for FY 2004 (2 pages)                                                                                      |                                                                                                                              |  |  |  |
| 15. | $\boxtimes$ | Address all future communications to the agent of record) at the address below.                                                                                                                | Attention of Sarah B. Adriano (may only be completed by attorney or                                                          |  |  |  |
| 16. |             | A return postcard is enclosed.                                                                                                                                                                 | Respectfully submitted, SMNh B. Adman                                                                                        |  |  |  |
|     |             |                                                                                                                                                                                                | Sarah B. Adriano Reg. No. 34,470 Attorney for Applicants Mandel & Adriano 55 South Lake Avenue, Suite 710                    |  |  |  |

Pasadena, California 91101

626/395-7801 Customer No. 26,941